

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155780		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/15/2011	
NAME OF PROVIDER OR SUPPLIER MADISON HEALTH CARE CENTER, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 7465 MADISON AVENUE INDIANAPOLIS, IN46227			
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F0000	<p>This visit was for the Investigation of Complaint IN00091327.</p> <p>Complaint IN00091327-Substantiated, federal/state deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: June 14 & 15, 2011</p> <p>Facility number: 012225 Provider number: 155780 AIM number: 200983560</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type: SNF: 15 SNF/NF: 46 Total: 61</p>			F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and request a DESK REVIEW</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0323 SS=G	<p>Census payor type: Medicare: 17 Medicaid: 25 Other: 19 Total: 61</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 20, 2011 by Bev Faulkner, RN</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview, and record review, the facility failed to ensure two staff persons assisted with a Hoyer [mechanical] lift transfer which resulted in a resident falling from the lift sustaining a head injury requiring transfer to the hospital for treatment for 1 of 3</p>			F0323	<p>F323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVI CESIt is the practice of Madison Health Care Center to ensure that the resident environment remains as free of accident hazards as is possible and each resident receives adequate supervision</p>		07/15/2011

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	<p>residents reviewed for falls and accidents in a sample of 3. [Resident #B]</p> <p>Findings include:</p> <p>Initial tour of the facility was conducted on 06/14/2011 at 3:05 p.m., with the Director of Nursing [DoN] and RN #1 and RN #2. RN #2 indicated Resident #B was not interviewable, was transferred via Hoyer lift, and used a reclining wheelchair.</p> <p>Observation of Resident #B was made on 06/15/2011 at 1:35 p.m., for a Hoyer lift transfer from bed to reclining wheelchair. Resident #B was observed to be awake, short in stature, and a little lady. Resident #B indicated she did not want to get up at this time and refused to be transferred. The resident's wishes were granted.</p> <p>Resident #B's clinical record was reviewed on 06/15/2011 at 12:10 p.m., and indicated an admission date of 03/11/2011. The resident's diagnoses included, but were not limited to, closed humerus fracture, diabetes, senile dementia, hypertension, difficulty walking, lack of coordination, cerebrovascular accident, anxiety, and impulse control disorder. The record indicated the resident was 62 inches tall and weighed 115 pounds.</p>				<p>and assistance devices to prevent accidents. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice Resident B was assessed and treated at the time of the occurrence for injury. This resident was reassessed for appropriate transfer assistance by nursing and therapy staff. As indicated in the survey report, CNA #1 was counseled through our disciplinary process and was reeducated prior to being allowed to return to work. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken Residents currently identified as requiring mechanical lift transfers have been assessed for appropriate transfer assistance by nursing and therapy staff. Nursing and therapy staff will assess residents' needs for transfer assistance on admission and as indicated by change of ADL score and/or change of condition. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur Nursing and therapy staff will assess residents' needs for transfer assistance on admission and as indicated by change of ADL score and/or change of condition. The policy for use of</p>		

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	<p>Interdisciplinary team notes, dated 05/27/11, indicated the resident sustained a fall on 05/26/11 during a transfer from wheelchair to bed with the use of a Hoyer lift. The resident sustained a hematoma and a laceration on the back of her head. The resident was sent to the emergency room and received 1 stitch to a 1 cm. laceration. Neurochecks were to continue for 72 hours and staff were to monitor for pain. The resident remained in a low bed and was to continue to use her wheelchair during the day. The Hoyer lift was to continue to be used with monitoring and training with resident and staff.</p> <p>Nurse's notes, dated 05/26/2011 at 7:45 p.m., indicated, "CNA called writer to Res. [Resident] room. Res. on floor with blood noted to head on floor parallel to bed with head near foot of bed et [and] feet facing Hoyer - ice applied. MD notified - orders noted to send res. to hosp. [hospital]. 911 initiated - family notified - EMT transferred res.... Res. alert/verbalizes pain to head area - no s/s [signs/symptoms] of resp. [respiratory] distress noted."</p> <p>Resident #B's care plan for "Risk for falls related to total assist mobility - cognitive deficits - incont [incontinent] bowel & bladder" with original date of 03/24/2011</p>				<p>the mechanical lift has been reviewed and updated. Nursing personnel were re-educated on Policy and Procedure for Using Mechanical Lift, which stipulates use of two (2) staff. This was completed on June 23, 2011. Skills validation will be completed for aides employed by this facility by July 15, 2011 Accident/hazard occurrences are being reviewed five days a week with the Interdisciplinary Team to determine if transfer technique was appropriate, correct device used and proper procedure was followed. Care Plans and CNA assignment sheets are reviewed and updated at that time. New nursing personnel will receive Education on Policy and Procedure for Using Mechanical Lift, which stipulates use of two (2) staff and skills validation as part of orientation. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place Accident/hazard occurrences are reviewed with the Interdisciplinary Team daily Monday -Friday to determine if transfer technique was appropriate, correct device used and proper procedure was followed. This is reviewed with the RN on call on week-ends. In addition the Director of Nursing or her designee is completing quality improvement audits to ensure the appropriate transfer device and</p>		

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	<p>and most recent update of 06/09/2011 indicated approaches which included, but were not limited to, "Mech. [Mechanical lift c [with] assist of ii [two]...."</p> <p>Interview with the DoN on 06/15/2011 at 10:55 a.m., indicated she received a call from the facility in regards to the incident and suspended the CNA immediately. The DoN indicated the resident was sent to the hospital and had received a 1 cm. laceration to the back of her head which required 1 stitch. The resident returned to the facility the same night. The DoN indicated she talked to the CNA and indicated she had asked for help one time and then transferred the resident by herself and dropped the resident. The DoN indicated she sternly talked to the CNA and gave her a final warning. The DoN indicated she re-educated her before letting her back on the floor and is in the process of re-educating all the aides in regards to the lifts and doing skills check-offs. The DoN indicated the CNA was very remorseful and tearful.</p> <p>Interview with CNA #1 on 06/15/2011 at 1:50 p.m., indicated she took Resident #B to her room and hooked her up to the Hoyer lift to transfer the resident from her chair to her bed. CNA #1 indicated she looked for someone to assist her and couldn't find anybody as everyone was in</p>				<p>procedure is followed. A random sample of 5 residents are being monitored weekly times four, monthly times three and quarterly thereafter. Results of all audits are reported monthly to the facility's Quality Assurance Committee for any additional recommendations as necessary.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/05/2011

FORM APPROVED

OMB NO. 0938-0391

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	<p>rooms assisting other residents. CNA #1 indicated she thought it would be okay if she transferred the resident by herself. CNA #1 indicated the resident was almost all the way up in the air, was out of the wheelchair, and she slipped out of the sling onto the floor with her head hitting the floor first. CNA #1 indicated the resident fell between the Hoyer and the bed. CNA #1 indicated this was the first time she had transferred anyone with a Hoyer lift by herself and the last time. CNA #1 indicated she was re-educated on the Hoyer lift.</p> <p>The facility's undated policy for Transfer From Wheelchair lacked documentation of two persons to assist with the Hoyer lift.</p> <p>The undated manufacturer's owner's manual lacked documentation on how many persons were to assist when using the Hoyer lift.</p> <p>The inservice narrative, dated 04/19/2011, indicated two assist with all lifts and CNA #1 had her signature on the sign in sheet which indicated she attended.</p> <p>This federal finding is related to Complaint IN00091327.</p>						

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